

Supplemental Application Data Sheet

**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	TUNGSTEN CATALYSTS
Attorney Docket Number::	0512-1252
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	3
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: FRANCOIS  
Middle Name::  
Family Name:: FIGUERAS  
Name Suffix::  
City of Residence:: LYON  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing 4, RUE VILLON  
Address::  
City of Mailing Address:: LYON  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: F-69003

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: NADINE  
Middle Name::  
Family Name:: ESSAYEM  
Name Suffix::  
City of Residence:: SAINT JUST CHALEYSSIN  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing CHAPULY  
Address::  
City of Mailing Address:: SAINT JUST CHALEYSSIN

State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: F-38540

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: CYRIL  
Middle Name::  
Family Name:: FECHÉ  
Name Suffix::  
City of Residence:: VILLEURBANNE  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing 2, AVENUE ROBERTO ROSSELLINI  
Address::  
City of Mailing Address:: VILLEURBANNE  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: F-69100

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: STEPHANE STEPHANE  
Middle Name::  
Family Name:: LORIDANT  
Name Suffix::  
City of Residence:: MIRIBEL MEYZIEU  
State or Province of  
Residence::  
Country of Residence:: FRANCE

Street of Mailing 63, AVENUE DU PARC 49 RUE EDMOND  
Address::  
City of Mailing Address::  
State or Province of Mailing Address::  
Country of Mailing Address::  
Postal or Zip Code of Mailing Address::  
ROSTAND  
MIRIBEL MEYZIEU  
FRANCE  
~~F-01700~~ 69330

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: MEXICO  
Status:: Full Capacity  
Given Name:: JORGE  
Middle Name::  
Family Name:: PALOMEQUE  
Name Suffix::  
City of Residence:: TLANEP  
State or Province of  
Residence::  
Country of Residence:: MEXICO  
Street of Mailing TEPETLACALCO NO. 59  
Address:: COL. NUEVA LXTACALA  
City of Mailing Address:: TLANEP  
State or Province of Mailing Address::  
Country of Mailing Address:: MEXICO  
Postal or Zip Code of Mailing Address:: 54160

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: GEORGES  
Middle Name::  
Family Name:: GELBARD  
Name Suffix::  
City of Residence:: CALUIRE

State or Province of

Residence::

Country of Residence::

FRANCE

Street of Mailing

25F RUE ANDRE LASSAGNE

Address::

City of Mailing Address::

CALUIRE

State or Province of Mailing Address::

Country of Mailing Address::

FRANCE

Postal or Zip Code of Mailing Address:: F-69300

**Correspondence Information**

Correspondence Customer

00466

Number::

**Representative Information**

Representative Customer	00466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/FR03/02040	7/1/03

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	02/08318	7/3/02	Yes

**Assignment Information**

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::

